Town of Lisbon
Department of Public Works

(For Office Use Only)
Application No._____

PERMIT TO OPERATE ON A POSTED ROAD

Your application to operate on a Town of Lisbon posted road has been approved as follows:

Applicant:

Address:

Phone:

Type of vehicle:

Destination of Vehicle:

Name of posted road(s):

Estimated no. of trips:

Date(s) for permit:

The above request is hereby approved subject to the following conditions:

1. There has been no rain for at least 24 hours prior to the hauling time.
2. Temperature is 32 degrees or less.
3. Trucks operate at reduced speed over posted road (10 MPH below speed limit).
4. If the weather is not appropriate on the proposed haul date the hauling must not take place.

Regardless of this permit, any user of a posted Town of Lisbon road who damages the roadway is responsible for the full cost to repair the damage as determined by this department.

_____ _____

Authorized Signature
Cc: Lisbon Police Dept.
Date: _____

Applicant

Date: _____